

# MEDICAL CLAIM FORM

## KCDRB Form 10B

### LEOFF-1 Assessment of Need for Home Health Care

Please submit this form directly to your home care provider after your physician has completed Form 10C. When Form 10B and Form 10C are completed, submit Form 10A along with forms 10B and 10C directly to your LEOFF-1 employer. If you have questions, call the King County Disability Retirement Board at 206-263-6394, or 206-684-1556 (call center).

#### This form to be completed by home health provider or agency.

Service provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

State licensure of agency (**copy required**): ☐ Yes ☐ No Professional liability insurance? ☐ Yes ☐ No

Carrier and policy number: \_\_\_\_\_

Licensure/certification of caregivers (**copy of certificate for each caregiver required**): ☐ Yes ☐ No

Hourly rates (**copy of rate sheet and itemized invoice for services provided required**):  
\_\_\_\_\_

Prescribing physician: \_\_\_\_\_

Current level of care required (**copy of care plan required**): \_\_\_\_\_  
\_\_\_\_\_

Medical treatments provided: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Home health care supervisor

**The King County Disability Retirement Board for LEOFF-1 will only accept original signed and dated claim forms. If you are concerned about privacy, do not e-mail personal information or a copy of this completed form to the Board – your privacy over the Internet cannot be guaranteed.**